

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C C00490375

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2012

Mailing Address 1129 20th Street, Suite 200

Amount

1500.00

City

Washington

State

DC

Zip Code

20036

Transaction ID : D477541

Purpose of Expenditure  
Web page designCategory/  
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 07

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Ami Bera

Calendar Year-To-Date Per Election  
for Office Sought

29500.00

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2012

Mailing Address 1129 20th Street, Suite 200

Amount

1500.00

City

Washington

State

DC

Zip Code

20036

Transaction ID : D477542

Purpose of Expenditure  
Web page designCategory/  
Type

Office Sought:

☒ House

State: IL

☐ Senate

District: 13

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

David M Gill

Calendar Year-To-Date Per Election  
for Office Sought

29500.00

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C

C00490375

Check If ☐ 24-hour report ☒ 48-hour report☒ New report☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Mailing Address 1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

1500.00

Transaction ID : D477543

Purpose of Expenditure  
Web page designCategory/  
Type

Office Sought:

☒

House

State: CA

☐

Senate

District: 26

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Julia Brownley

Calendar Year-To-Date Per Election  
for Office Sought

29500.00

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Mailing Address 1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

28000.00

Transaction ID : D478411

Purpose of Expenditure  
Web page design & online advertising buyCategory/  
Type

Office Sought:

☒

House

State: CA

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Ami Bera

Calendar Year-To-Date Per Election  
for Office Sought

29500.00

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

29500.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C

C00490375

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Mailing Address 1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Web page design &amp; online advertising buy

Category/  
Type

Office Sought:

☒

House

State: CA

☐

Senate

District: 26

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Julia Brownley

Calendar Year-To-Date Per Election  
for Office Sought

29500.00

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Transaction ID : D478412

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Mailing Address 1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Web page design &amp; online advertising buy

Category/  
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 13

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

David M Gill

Calendar Year-To-Date Per Election  
for Office Sought

29500.00

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Transaction ID : D478413

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

56000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C

C00490375

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Campaign Workshop

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address 1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Web page design &amp; online advertising buy

Category/  
Type

Office Sought:

☒

House

State: NV

☐

Senate

District: 04

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steven A Horsford

Transaction ID : D480081

Calendar Year-To-Date Per Election  
for Office Sought

26500.00

Disbursement For: ☐ Primary ☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐

House

State:

☐

Senate

District:

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

26500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

115000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature